



CT-25
Rev. 7/00
SF #49874

Indiana Department of Revenue
P.O. Box 901
Indianapolis, IN 46206-0901

**Nonparticipating
Manufacturers Cigarette Report**

Indiana Code 24-3-3-11

Page Number _____

Distributor Name	Distributor License Number	Report for the Period of
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Instructions: Report only when you stamp (pay excise tax on) cigarettes made by manufacturers **not** listed below. A current list of Participating Manufacturers is on the National Association of Attorney General's Website: www.naag.org/spmcont.htm. Complete the Distributor Name, Number and Period. List the Nonparticipating Manufacturer's Name, address and the number of cigarettes. Number of cigarettes should be cigarettes, not packs and not cartons.

Important: This schedule must be filed with each Monthly Cigarette Tax Return. If **only** Participating Manufacturer's Cigarettes are stamped, complete the Distributor name, number and period and write "**none**" in the Nonparticipating Manufacturer's Name section.

Note: If the Indiana Cigarette Distributor acquires cigarettes from Participating Manufacturer's only, the Department will accept annually an affidavit from the distributor so stating. The affidavit is due July 1 of each year.

Participating Manufacturers: (As of July, 2000)

Brown & Williamson	Commonwealth Brands	King Maker Marketing	Peter Stokkebye International	Societe Nationale d'Exploitation Industrielle
Liggett	Dhanraj International	Lane Limited	Premier Marketing	des Tabacs et Allumettes (Seita)
Lorillard	House of Prince	Lignum-2	P.T.Djarum	Tobacco Exporters International
Phillip Morris	Imperial Tobacco Limited, ITL	LTD Corporation	Santa Fe Natural Tobacco	Top Tobacco
RJ Reynolds	Japan Tobacco International	The Medallion Company	Sherman 1400 Broadway	

Nonparticipating Manufacturer's Name	Address	Number of Cigarettes

Attach additional sheets if necessary.

Forms may be obtained from www.state.in.us/dor/

I hereby declare under penalties of perjury that the information contained in this return, including accompanying schedules and statements is true, correct, and complete to the best of my knowledge and belief.

Signature of Taxpayer or Agent	Title
Telephone Number	Date